

## Title 49 CFR, Part 391

### Federal Motor Carrier Safety Regulations; General

|                                       |   |
|---------------------------------------|---|
| <b>Who is subject?</b>                | <p>A carrier in Utah is subject to the rules for driver qualifications if it operates vehicles that are:</p> <ul style="list-style-type: none"><li>• Over 10,000 pounds GVWR operating in commerce.</li><li>• Any size vehicle transporting hazardous material of a type or quantity that requires the vehicle to be placarded.</li><li>• Capable of hauling 15 or more passengers including the driver.</li></ul>  |
| <b>Requirements</b>                   | <p>Under Part 391, a driver operating in intrastate commerce must:</p> <ul style="list-style-type: none"><li>• Be physically qualified under 49 CFR 391.41;</li><li>• Be 18 years old for intrastate transportation,</li><li>• Be 21 years old for interstate transportation, or when hauling hazardous materials;</li><li>• Speak and read English well enough to do the job;</li><li>• Have a driver's license that is valid for the type of vehicle driven;</li><li>• Be able to drive the vehicle safely</li><li>• Know how to properly load and secure cargo;</li><li>• Not be disqualified from driving a commercial motor vehicle.</li></ul> |
| <b>Medical Requirements</b>           | <p>A driver is required to have in possession, a current valid medical certificate showing that he or she is physically qualified to drive a commercial motor vehicle. Details for medical examinations are found in 49 CFR, 391.43. U.S.DOT medical certificate forms are available from a physician or private sources.</p>   |
| <b>Certificate Renewal</b>            | <p>A medical certificate must be renewed every two years. Some medical conditions may require more frequent recertification.</p>  |
| <b>Medical Waiver</b>                 | <p>Under certain circumstances, a driver may be granted a waiver from the following physical qualification requirements; vision, insulin-dependent diabetes, deaf and hard of hearing, and limb impairment.</p> <p>An application requesting a medical waiver for intrastate drivers must be submitted to the Utah Driver's License Division.</p> <p>A request for a medical waiver for interstate drivers must be submitted to the USDOT. <b><u>The medical examiner's certificate and the waiver document must be carried in the commercial vehicle at all times while being operated.</u></b></p>  |
| <b>Driver Qualification File (DQ)</b> | <p>Part 391.51, A carrier must maintain a driver qualification file for each of its drivers. The file is to be kept at the carrier's principal place of business for as long as the driver is employed by the carrier and for three years after the driver leaves the carrier's employ.</p>   |

**DQ files continued**

The following items are required in the file:

- Application for employment (see 49 CFR 391.21 for items required on an application.
- Inquiry to previous employers (prior to three years) 391.23
- Driving record inquiry to state agencies (prior three years)
- Medical examiner's certificate
- Copy of medical waiver, if issued
- Driver's road test and certificate of road test (a legible photocopy of a CDL, is an acceptable substitute if the driver was road tested for the class of vehicle the driver will operate). For exceptions see 49 CFR 391.33
- Annual driver's certification of violations for past 12 months
- Annual review of driving record showing date and who performed the review
- Annual copy of driver's driving record

# **DRIVER QUALIFICATION CHECKLIST**

Every motor carrier must have a qualification file for each regularly employed driver. The file must include the following:

- A. \_\_\_\_ Driver's Application for Employment (49 CFR 391.21). A person will not be allowed to drive a commercial motor vehicle unless he/she has completed and signed an application for employment.
- B. \_\_\_\_ Inquiry to Previous Employers -3- year (49 CFR 391.23 (a)2 & (c). This investigation must be made within 30 days of the date his/her employment begins. Investigations shall include information concerning out-of-service violations, misuse of controlled substance or alcohol and accident history.
- C. \_\_\_\_ Inquiry to State Agencies – 3 years (49 CFR 391.23(a) (1) & (b). The drivers driving record for the preceding three years.
- D. \_\_\_\_ Driver's Road Examination and Certificate (49 CFR 391.31). A copy of the license or certificate which the motor carrier accepted as equivalent to the driver's road test pursuant to Section 391.33.
- E. \_\_\_\_ Medical Examiner's Certificate (49CFR 391.43). Driver must be issued a Medical Examiner's Certificate, which must be carried at all times and be renewed every two years.
- F. \_\_\_\_ Annual Review of Driving Record (49 CFR 391.25). At least once every 12 months a motor carrier must review the driving record of each driver.
- G. \_\_\_\_ Annual Driver's Certificate of Violations (49 CFR 391.27). At least every 12 months, a motor carrier must require each driver that it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances during the previous 12 months.
- H. \_\_\_\_ Alcohol and Controlled Substance Test Results (49 CFR 382.401). These records must be maintained in a secure location with controlled access.

# APPLICATION FOR EMPLOYMENT

Company \_\_\_\_\_ Street Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

NAME \_\_\_\_\_  
(First) (Middle) (Maiden Name, if any) (Last)

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State & Zip Code)

DATE OF BIRTH \_\_\_\_\_ SOCIAL SEC. NO. \_\_\_\_\_

ADDRESS FOR \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State & Zip Code)

PAST THREE YEARS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State & Zip Code)

(ATTACHED SHEET IF MORE SPACE IS NEEDED)

## EXPERIENCE AND QUALIFICATIONS – DRIVER

| DRIVERS<br>LICENSES | STATE | LICENSE NO. | TYPE | EXPIRATION DATE |
|---------------------|-------|-------------|------|-----------------|
|                     |       |             |      |                 |
|                     |       |             |      |                 |
|                     |       |             |      |                 |

## DRIVING EXPERIENCE

| CLASS OF<br>EQUIPMENT       | TYPE OR EQUIPMENT<br>(VAN, TANK, FLAT, ETC.) | FROM | DATES<br>TO | APROX. NO. OF<br>MILES (TOTAL) |
|-----------------------------|--|------|-------------|--------------------------------|
| STRAIGHT TRUCK              |  |      |             |                                |
| TRACTOR AND<br>SEMI-TRAILER |  |      |             |                                |
| TRACTOR – TWO<br>TRAILERS   |  |      |             |                                |
| OTHER                       |  |      |             |                                |

## ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

(ATTACH SHEET IF MORE SPACE IS NEEDED)

| DATES | NATURE OF ACCIDENT<br>(HEAD-ON, REAR-END, UPSET, ETC.) | FATALITIES | INJURIES |
|-------|--|------------|----------|
|       |  |            |          |

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS  
(OTHER THAN PARKING VIOLATIONS)

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
|          |      |        |         |
|          |      |        |         |
|          |      |        |         |

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_
- B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

EMPLOYMENT RECORD  
(Attach sheet if more space is needed)

**NOTE:** DOT requires that employment for at least 3 years and/or commercial driving experience for the past 10 years be shown.

LAST EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

SECOND LAST EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

THIRD LAST EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**Note:** A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations

## REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYERS

You are hereby authorized to give the following company all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information to the company named below.

Date \_\_\_\_\_

\_\_\_\_\_ has submitted an application to this company for a position as a  
\_\_\_\_\_ and states the he/she was employed by you as a \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_. Will you please reply to the inquiry below regarding this  
applicant? Your reply will be held in strict confidence and will in no way involve you in any responsibility.  
For your convenience in replying, we have enclosed a stamped self-addressed envelope.  
Thank you.

1. Is the employment record with our company correct as stated above? Yes \_\_\_\_\_ No \_\_\_\_\_
2. What kind(s) of work did the applicant do?
3. Did the applicant drive motor vehicles for you? Passenger Car \_\_\_\_\_ Straight Truck \_\_\_\_\_ Bus \_\_\_\_\_  
Tractor-Semitrailer \_\_\_\_\_ Other \_\_\_\_\_
4. Was the applicant a safe and efficient driver? \_\_\_\_\_
5. Give the dates of vehicle accidents in which he/she was involved. \_\_\_\_\_
6. Reason for leaving your employ: Discharged \_\_\_\_\_ Laid Off \_\_\_\_\_ Resigned \_\_\_\_\_
7. Was the applicant's general conduct satisfactory? \_\_\_\_\_
8. Was the driver ever placed out-of-service for hours of service violations? \_\_\_\_\_
9. Did the applicant misuse alcohol or use controlled substance?

- | 10. What accidents was the driver involved in? |           |       |       |       |           |
|--|-----------|-------|-------|-------|-----------|
|  | Excellent | Good  | Fair  | Poor  | Very Poor |
| Quality of Work                                | _____     | _____ | _____ | _____ | _____     |
| Cooperation with others                        | _____     | _____ | _____ | _____ | _____     |
| Safety habits                                  | _____     | _____ | _____ | _____ | _____     |
| Personal habits                                | _____     | _____ | _____ | _____ | _____     |
| Driving Skill                                  | _____     | _____ | _____ | _____ | _____     |
| Attitude                                       | _____     | _____ | _____ | _____ | _____     |

Name of Company: \_\_\_\_\_

## **REQUEST FOR MVR BASED ON PERMISSIBLE USE #13 OF THE DPPA**

This form shall be used by persons making requests for a driver record (**MVR** - Motor Vehicle Report) under U.C.A. 53-3-104. The form shall be completed by any requester who requires the written consent of the person to whom the information pertains. An MVR shall be released by the division only to qualifying requesters pursuant to >permissible uses= articulated in the federal Driver Privacy Protection Act (**DPPA**).

### **PERSON REQUESTING THE MVR**

Please type or print all information.

Name of Requester \_\_\_\_\_ Daytime telephone \_\_\_\_\_

Name of Company (if applicable) \_\_\_\_\_ Date of request \_\_\_\_\_

Mailing Address \_\_\_\_\_ (Street)

City/State ZIP \_\_\_\_\_

**Certification Statement:** I certify under penalty of law that I am entitled to personal information from the requested driver record. I am aware that there are criminal and civil penalties for knowingly obtaining, disclosing, or using the personal information for a purpose not permitted under DPPA (18 U.S.C. " 2721-2724).

\_\_\_\_\_  
(Signature of person requesting driving record)

☐ Fee of \$4.25 enclosed.

### **PERSON TO WHOM THE MVR PERTAINS**

The requester listed above requests access to driver record(s), including personal information as defined in 18 U.S.C. " 2721-2724, concerning the following person:

Name \_\_\_\_\_

(Last) (First) (Middle) (Date of Birth) \_\_\_\_\_

Driver License Number \_\_\_\_\_ Address (if available) \_\_\_\_\_

### **APPROVAL OF THE PERSON TO WHOM THE MVR PERTAINS**

I am the individual to whom the MVR pertains and am the subject of the record. I grant permission for the above requester to receive a copy of my Utah driver license record (MVR) from the Utah Driver License Division.

\_\_\_\_\_  
Drivers Signature

Sworn and subscribed to before me this \_\_\_\_\_ of \_\_\_\_\_ 20 \_\_\_\_\_

In the county of \_\_\_\_\_ State of \_\_\_\_\_

Notary Signature \_\_\_\_\_

Notary Public Seal or Stamp

Notary expires: \_\_\_\_\_

**Send request and \$4.25 or apply on line:**

**Driver License Division**

**PO Box 30560**

**Salt Lake City, UT 84130-0560**

**(801) 965-4437**

**<http://www.utah.gov/drivingrecord>**

**DLD60 9-00**

**MOTOR VEHICLE  
DRIVER'S CERTIFICATION  
OF VIOLATIONS 391.27**

| DATE  | OFFENSE | LOCATION | TYPE OF VEHICLE |
|-------|---------|----------|-----------------|
| <hr/> | <hr/>   | <hr/>    | <hr/>           |
| <hr/> | <hr/>   | <hr/>    | <hr/>           |
| <hr/> | <hr/>   | <hr/>    | <hr/>           |
| <hr/> | <hr/>   | <hr/>    | <hr/>           |

**If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.**

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Date of Certification

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Drivers Signature

**U.S. DEPARTMENT OF TRANSPORTATION  
MOTOR CARRIER SAFETY PROGRAM  
ANNUAL REVIEW OF DRIVING RECORD 391.25**

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Name of Driver

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Social Security Number

**This day I reviewed the driving record of the above named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations (FMCSR's). I considered any evidence that the driver has violated applicable provisions of the FMCSR's and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicles and gave great weight to violations such as, speeding, reckless driving, and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above, I find that**

**" the driver meets the minimum requirements for safe driving, or**

**" the driver is disqualified to drive a commercial motor vehicle pursuant to 391.15**

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Date of Review

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Reviewed By

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Name of Motor Carrier



## DRIVER'S ROAD TEST EXAMINATION

Driver's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Driver's Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

### Rating of Experience

\_\_\_\_\_ The pretrip inspection. (As required by Sec. 392.7)

\_\_\_\_\_ Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units.

\_\_\_\_\_ Placing the equipment in operation.

\_\_\_\_\_ Use of vehicle's controls and emergency equipment.

\_\_\_\_\_ Operating the vehicle in traffic and while passing other vehicles.

\_\_\_\_\_ Turning the vehicle.

\_\_\_\_\_ Braking, and slowing the vehicle by means other than braking.

\_\_\_\_\_ Backing and parking the vehicle.

\_\_\_\_\_ Other, Explain: \_\_\_\_\_

\_\_\_\_\_

Type of equipment used in giving test: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Examiner's Signature

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.

Remarks \_\_\_\_\_

\_\_\_\_\_

## CERTIFICATE OF DRIVER'S ROAD TEST

**Instructions:** If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.33(e)(f)(g))

### CERTIFICATION OF ROAD TEST

Driver's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Operator's or Chauffeur's License Number \_\_\_\_\_

State \_\_\_\_\_

Type of Power Unit \_\_\_\_\_

Type of Trailer(s) \_\_\_\_\_

If passenger carrier, type of bus \_\_\_\_\_

This is to certify that the above named driver was given a road test under my supervision on \_\_\_\_\_, 20\_\_\_\_, consisting of approximately \_\_\_\_\_ miles of driving.

It is my considered opinion that this driver possess sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

\_\_\_\_\_  
(Signature of Examiner)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Organization and Address of Examiner)